

Ethos Dental Care Limited

Ethos Dental Care Limited

Inspection Report

126 Wellington Road North
Stockport
Cheshire
SK4 2LL
Tel: 0161 477 5142
Website: www.ethosdental.co.uk

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Overall summary

We carried out this announced inspection on 7 March 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this practice was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

Background

Ethos Dental Care Ltd is in Stockport, Cheshire and provides NHS and private treatment to adults and children.

There is level access via a portable ramp for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes four dentists, six dental nurses, two of whom are trainees, one dental hygienist and a receptionist. The practice has three treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the

Summary of findings

Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Ethos Dental Care Ltd is the principal dentist.

On the day of inspection, we collected 49 CQC comment cards filled in by patients.

During the inspection we spoke with three dentists and two dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open on Monday from 9am to 5pm; on Tuesday and Thursday from 9am to 5.30pm; on Wednesday from 9am to 6pm, and from 8am to 2pm on Friday. Some Saturday appointments can be offered by prior arrangement with the practice.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.

- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with any concerns or complaints positively and efficiently.
- Some areas of information governance and arrangements for this could be improved. For example, in oversight of staff training and continuing professional development and for management of audits.

There were areas where the provider could make improvements. They should:

- Review the practice's protocols and procedures to ensure staff are up to date with their continuing professional development. In particular, that there are systems and processes in place to ensure adequate oversight of staff training, including retained, self-employed staff who provide services.
- Review the practice's protocols to ensure audits of radiography, patient records and infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits are available for review, have documented learning points and the resulting improvements can be demonstrated.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

The practice had systems and processes to provide safe care and treatment. They used learning from wider incidents and concerns or complaints to help them improve.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns. We noticed that one staff member was not trained to the required level in safeguarding.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as fantastic, excellent and brilliant. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The provider supported staff to complete training relevant to their roles. Systems to help them monitor this could be improved.

No action



Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

We received feedback about the practice from 49 people. Patients were positive about all aspects of the service the practice provided. They told us staff were informative, patient and kind.

They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Summary of findings

Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations.

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to any concerns and complaints quickly and constructively.

No action



Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

Some areas of governance could be improved. In particular, the oversight of the continuing professional development for all staff, including those who provide services on a self-employed basis; and in the management of audits carried out to drive improvement and measure adherence to standards.

No action



Are services safe?

Our findings

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. When we reviewed training records, we saw that one of the nurses was recorded as having received safeguarding training to level one, rather than the required level two, that evidence of safeguarding training was missing for a further two members of staff, and that there was no record of the training status for the two trainee nurses. This was drawn to the attention of the provider on the day of inspection. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was documented in the dental care record and a risk assessment completed.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for

agency and locum staff. These reflected the relevant legislation. We looked at two staff recruitment records. These showed the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. We discussed with the practice, the lack of confirmation of indemnity in relation to the visiting dental hygienist and visiting nurse who practiced sedation. We covered this along with other governance issues when providing feedback at the end of our inspection.

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. When making checks on systems in place to ensure all equipment was covered by servicing and calibration, we noted the digital blood pressure cuff was not included on the list of equipment. Staff were unable to show us evidence of when this was last tested and calibrated. We discussed this as part of the wider question on governance.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. Immediate Life Support training for sedation was also completed by the principal dentist. The practice did not hold records in respect of evidence of required continuous professional development of the visiting dental nurse who supported the principal dentist when practicing sedation.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygienist when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Records of water testing and dental unit water line management were in place. There were other recommendations made in the risk assessment, for example, in relation to dead-legs on piping and for removal or sections of lead piping or water sampling or purging to reduce risk in respect of this. The practice was unable to confirm that these matters had been addressed. We discussed this with the provider, along with other areas of governance.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice told us they carried out infection prevention and control audits. These were only carried out annually, rather than twice a year in accordance with recognised guidance. We were unable to review the latest audit, due to IT issues. The practice staff told us they had scored approximately 88% in the last audit, and any issues highlighted had been addressed. The provider was unable to send us copies of the audits completed, but other evidence collected on the day showed the practice was meeting the required standards.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

Are services safe?

The provider had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The practice stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

The practice was not carrying out antimicrobial audits. We reviewed prescribing in the practice. Prescribing of antibiotics was minimal. The practice demonstrated that they were following recognised guidance in the prescribing of antibiotics.

Track record on safety and Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been no safety incidents.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned, and shared lessons identified themes and acted to improve safety in the practice.

There was a system for receiving and acting on safety alerts. We found that this did not fully serve the needs of all staff within the practice, as alerts were not routinely shared with dental nurses. We discussed this with the practice, as another point of governance that could be developed and improved upon.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the one of the dentists at the practice who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay. We were shown figures from the local area team, that showed the practice performance in this area for the last quarter of the year was 88% which is above the UK average of 58%.

The dentists, where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition

Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The practice did not have examples of recent audit (within the past 12 months) of patients' dental care records to check that the dentists recorded the necessary information.

The practice carried out conscious sedation. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were broadly in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability. Information on the required continuous professional development (CPD) in respect of the dentist practicing sedation, and the training and CPD in respect of the visiting nurse who supported the dentist practicing

Are services effective?

(for example, treatment is effective)

sedation, was not available for us to review, and had not been included as part of the training matrix provided by the practice. The provider has since provided assurances that this CPD had been undertaken within the last cycle for both the principal dentist and the dental nurse who supported when carrying out sedation, but evidence has not been supplied. The provider is required to hold evidence of CPD for all staff who work at the practice. Patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions were in place.

The staff assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history; blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

The records showed that staff recorded important checks at regular intervals. This included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

The operator-sedationist was supported by a trained second individual. The name of this individual was recorded in the patients' dental care record.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development (CPD) required for their registration with the General Dental

Council. Records in relation to CPD for some staff, were not available, and staff did not have this information to share with us on the day of inspection. For example, in relation to the visiting dental hygiene therapist and the specialist sedation nurse who supported the dentist when practicing sedation. Following inspection, the provider sent evidence of the required CPD for the nurse who assisted with sedation. No evidence of CPD was supplied in respect of other staff, for whom there were gaps in the records we inspected on the day.

Staff discussed their training needs at annual appraisals and during practice meetings. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The practice also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were wonderful, kind and friendly. We saw that staff treated patients respectfully, appropriately and with consideration for their individual needs, and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Information folders, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the

Accessible Information Standards and the requirements under the Equality Act

The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given.

- Interpreter services were available for patients who did not use English as a first language.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care. Staff were able to give examples of those patients who may need extra support and extended appointments, for example, those with a learning disability and those living with dementia. The practice understood the changing needs of the practice population and could deal with this sensitively. For example, a new poster had recently been displayed, asking patients to make staff aware if they thought they may exceed the weight limit for the dental chairs. These patients could be referred to a practice or community service that had dental chairs better able to accommodate their needs.

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had made reasonable adjustments for patients with disabilities. This included step free access via a portable ramp and accessible toilet with hand rails and a call bell. Staff had access to a British Sign Language interpreter for patients who had limited hearing and could use sign language.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it in their answer phone message and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice's website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to any issues raised appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. Posters within the practice explained how to make a complaint.

The principal dentist was responsible for dealing with these. Staff would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments and compliments the practice received in the previous 12 months. The practice had not received any complaints.

Are services well-led?

Our findings

Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care. The principal dentist demonstrated they had the experience and skills to deliver the practice strategy and address risks to it. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The practice could make improvements to develop leadership support and capacity including planning for the future leadership of the practice. This would support the principal dentist in their daily managerial work and duties, particularly governance.

Vision and strategy If applicable

There was a clear vision and set of values. The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice. We saw a strong team work ethic amongst staff, and in turn, staff at all levels where supportive of each other.

The practice focused on the needs of patients.

Openness, honesty and transparency were demonstrated when responding to any incidents. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support governance and management

within the practice. However, almost all these duties, including oversight of all areas, sat with the principal dentist. Governance could be improved and better balanced across the practice.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The principal dentist was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. We found that a small number of policies required review and updating. For example, some still referred to Primary Care Trusts. Evidence of CPD and training for visiting staff was not available for review, and details of this was missing from the training records, provided by the practice, ahead of inspection. Following inspection, the provider sent evidence of the required CPD for the nurse who assisted with sedation. No evidence of CPD has been supplied in respect of other staff, for whom there were gaps in training records we inspected on the day.

The principal dentist kept some governance records on their laptop, sections of which were unavailable on the day of inspection and not accessible to staff.

The principal dentist was signed up to receive safety alerts and updates on clinical guidance. We found these were not routinely shared amongst the team. Also, in the event of absence of the principal dentist, any urgent alerts may not be relayed to other staff.

Evidence of professional indemnity for visiting staff, for example the dental hygiene therapist and sedation nurse where not available, and records of these had not been maintained. Similarly, evidence of CPD for these two staff members was not held by the practice. We were also not able to review the CPD for the sedationist dentist at the practice.

Tasks to be managed, for example, the action points from the Legionella assessment, were not completed. All managerial tasks such as this, were undertaken by the principal dentist. We met other staff who were highly knowledgeable and had been with the practice for a

Are services well-led?

number of years. These staff were willing to take on extra duties but were not given the opportunity to do so. Governance overall could be improved with more equal sharing of the managerial workload.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients and staff the practice had acted on.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. The practice scores highly in respect of this were consistently high.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of radiographs. The practice was not able to show us recent audits of dental care records, although we saw that audits had been in place. We were unable to review recent infection prevention and control audits due to technical issues. We saw that infection control audits had previously been carried out every 12 months, rather than twice yearly, in accordance with recognised guidance. Resulting action plans and improvements had been put in place to address any areas highlighted by the infection control audit.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The dental nurses and receptionist had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD, but effective management records to provide oversight of this were not in place.